

## APPLICATION FOR THIRD PARTY REVIEWER

 $1/3$

**CONVICTION FOR VIOLATION OF LAW:**

Have you ever pleaded guilty or no contest (nolo contendere) to a MISDEMEANOR or FELONY, or is there any such charge now pending?

☐ YES\*

☐ NO

\*If you answered YES, you must provide the following information. If necessary a separate sheet may be used and attached.

Nature of Criminal Violation: \_\_\_\_\_

Date of Criminal Violation: \_\_\_\_\_

Disposition/Outcome of Criminal Violation: \_\_\_\_\_

Date of Disposition/Outcome of Criminal Violation: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Court: \_\_\_\_\_ Case Number: \_\_\_\_\_

Are there any lawsuits, complaints, disciplinary actions or other administrative or judicial proceedings pending against you in which an adverse determination was rendered against you relating to services performed in your professional capacity?

☐ YES\*

☐ NO

\*If you answered YES, please explain in detail. If necessary, a separate sheet may be used and attached.

---

---

---

I hereby certify that all statements on or in connection with this application, including those regarding my education and employment record, are true and correct to the best of my knowledge. I agree and understand that any misstatements or omissions of material facts may cause forfeiture on my part of all rights to registration as a Third Party Reviewer. I also agree that I possess the required errors and omission insurance coverage in an amount to be determined by the City and County of Honolulu's Department of Budget and Fiscal Services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please attach the following when submitting this application:

1. Initial Registration Fee for Third Party Reviewer: \$500.00 **PER** Reviewer for 2 years.

\*Thereafter, Third Party Certification Renewal Fee for Third Party Reviewer: \$1,000.00 **PER** Reviewer for 2 years.

2. Submit a copy of your Professional Liability Insurance (with limits not less than \$1,000,000).

---

**FOR BUILDING DIVISION USE ONLY**

☐ \$500 Registration Fee Paid **per** Reviewer

Check No. \_\_\_\_\_ Date: \_\_\_\_\_

☐ Received copy of Professional Liability Insurance.

SUPPLEMENTAL SHEET FOR EXPERIENCE VERIFICATION

**EXPERIENCE** (List only experience in the specific fields for which certification is requested):

Dates:            From: \_\_\_\_\_ to \_\_\_\_\_            No. of Months: \_\_\_\_\_  
                                 Month/Year            Month/Year

Project Name: \_\_\_\_\_  
Brief Description of Project (Materials, Size, etc.): \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Contact Person/Phone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE** (List only experience in the specific fields for which certification is requested):

Dates:            From: \_\_\_\_\_ to \_\_\_\_\_            No. of Months: \_\_\_\_\_  
                                 Month/Year            Month/Year

Project Name: \_\_\_\_\_  
Brief Description of Project (Materials, Size, etc.): \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Contact Person/Phone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE** (List only experience in the specific fields for which certification is requested):

Dates:            From: \_\_\_\_\_ to \_\_\_\_\_            No. of Months: \_\_\_\_\_  
                                 Month/Year            Month/Year

Project Name: \_\_\_\_\_  
Brief Description of Project (Materials, Size, etc.): \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Contact Person/Phone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE** (List only experience in the specific fields for which certification is requested):

Dates:            From: \_\_\_\_\_ to \_\_\_\_\_            No. of Months: \_\_\_\_\_  
                                 Month/Year            Month/Year

Project Name: \_\_\_\_\_  
Brief Description of Project (Materials, Size, etc.): \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Contact Person/Phone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
\_\_\_\_\_